



PTO/SB/21 (09-04)

Approved for use through 07/31/2006. OMB 0651-0031

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**TRANSMITTAL
FORM***(to be used for all correspondence after
initial filing)*

Application Number	10/715,900
Filing Date	November 18, 2003
First Named Inventor	Pamela Olson
Group Art Unit	3616
Examiner Name	Barry J. Gooden, Jr.
Total Number of Pages in This Submission	10
Attorney Docket No.	71088-004

ENCLOSURES (check all that apply)

<input type="checkbox"/> Charge Deposit Account -08-3460 <input type="checkbox"/> Fee Attached <input checked="" type="checkbox"/> Amendment / Reply <input type="checkbox"/> After Final <input type="checkbox"/> Affidavits/declarations(s) <input checked="" type="checkbox"/> Extension of Time Request <input type="checkbox"/> Express Abandonment Request <input type="checkbox"/> Information Disclosure Statement <input type="checkbox"/> Certified Copy of Priority Document(s) <input type="checkbox"/> Response to Missing Parts Incomplete Application <input type="checkbox"/> Response to Missing Parts under 37 CFR 1.52 or 1.53 <input type="checkbox"/> Petition For Revival of an Application for Patent Abandoned Unintentionally Under 37 CFR 1.137(b))	<input type="checkbox"/> Assignment Papers (for an Application) <input type="checkbox"/> Drawing(s) <input type="checkbox"/> Licensing-related Papers <input type="checkbox"/> Petition <input type="checkbox"/> Petition to Convert to a Provisional Application <input type="checkbox"/> Power of Attorney, Revocation Change of Correspondence Address <input type="checkbox"/> Terminal Disclaimer <input type="checkbox"/> Request for Refund <input type="checkbox"/> CD, Number of CD(s) _____	<input type="checkbox"/> After Allowance Communication to Group <input type="checkbox"/> Appeal Communication to Board of Appeals and Interferences <input type="checkbox"/> Appeal Communication to Group (Appeal Notice, Brief, Reply Brief) <input type="checkbox"/> Proprietary Information <input type="checkbox"/> Status Letter <input type="checkbox"/> Request To Rescind Previous Nonpublication Request <input type="checkbox"/> Response to Notice of Allowability <input checked="" type="checkbox"/> Other Enclosure(s) (please identify below): Return Receipt Post Card Check for \$510.00
Remarks: <input checked="" type="checkbox"/> Commissioner is hereby authorized to charge fees in this application and any fees which may be required, or any overpayment, to Deposit Account 08-3460. I have enclosed a duplicate copy of this sheet <input type="checkbox"/> Amount: \$		

SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT

Firm or Individual Name	H. Frederick Rusche
Signature	
Date	March 30, 2006

CERTIFICATE OF EXPRESS MAILING

Express Mail No. EV698865098US

I hereby certify that this correspondence is being deposited with the United States Postal Service with sufficient postage as Express Mail in an envelope addressed to: MAIL STOP AMENDMENT, Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450

Date: 03/30/06

Typed or printed name	Donna Tucker		
Signature		Date	March 30, 2006

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PTO/SB/05 (03-01)

Approved for use through 10/31/2002. OMB 0651-0032
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Express Mail No.: EV698865098US	Attorney Docket No.	71088-004	First Inventor: Pamela Olson
AMENDMENT TRANSMITTAL LETTER Title: CLOTHING PROTECTION SLEEVE		Serial No.	10/715,900
		Filing Date	November 18, 2003
		Examiner	Barry J. Gooden, Jr.
		Group Art Unit	3616

TO THE ASSISTANT COMMISSIONER FOR PATENTS:

Transmitted herewith is an amendment in the above-identified application.

☐ Large Entity Status

☒ Small Entity status of this application has been established under 37 CFR 1.27

The fee has been calculated and is transmitted as shown below.

CLAIMS AS AMENDED - PART II						SMALL ENTITY		OTHER THAN SMALL ENTITY	
	(Column 1)		(Column 2)	(Column 3)					
AMENDMENT	CLAIMS REMAINING AFTER AMENDMENT		HIGHEST NUMBER PREVIOUSLY PAID FOR	PRESENT EXTRA	RATE	ADDITIONAL FEE	RATE	ADDITIONAL FEE	
	Total (37 CFR 1.16(c))	8*	Minus	**20	= 0	x \$25.00=	\$ 0.00	x \$50.00=	\$ 0.00
	Independent (37 CFR 1.16(b))	3*	Minus	***3*	= 0	x \$100.00=	\$ 0.00	x \$200.00=	\$ 0.00
	FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM (37 CFR 1.16(d))					x \$180.00=		x \$360.00=	
						TOTAL ADDIT. FEE	\$ 0.00	TOTAL ADDIT. FEE	\$ 0.00

* If the entry in column 1 is less than the entry in column 2, write "0" in column 3.
** If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, enter "20".
*** If the "Highest Number Previously Paid For" IN THIS SPACE is less than 3, enter "3".
The "Highest Number Previously Paid For" (Total or Independent) is the highest number found in the appropriate box in column 1.

- ☒ Petition of Extension of Time.
- ☐ No additional fee is required for amendment.
- ☒ A check in the amount of \$510.00 is enclosed.
- ☐ The Commissioner has already been authorized to charge fees in this application to a Deposit Account. 08-3460.
- ☒ The Commissioner is hereby authorized to charge any fees which may be required, or credit any overpayment, to Deposit Account Number 08-3460.
I have enclosed a duplicate copy of this sheet.
- ☒ Any additional filing fees required under 37 C.F.R. 1.16.
- ☒ Any patent application processing fees under 37 C.F.R. 1.17.

H. Frederick Rusche
Signature

Date: 3/30/06

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Certificate of Express Mail Under 37 CFR 1.10

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Type Name: Donna Tucker